

Case Number:	CM13-0062120		
Date Assigned:	12/30/2013	Date of Injury:	11/09/2008
Decision Date:	08/07/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, chronic thigh pain, chronic neck pain, chronic low back pain, and chronic shoulder pain reportedly associated with an industrial injury of November 9, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; unspecified amounts of chiropractic manipulative therapy, physical therapy, and acupuncture; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated October 17, 2013, the claims administrator retrospectively denied a request for zolpidem (Ambien) while approving a request for gabapentin and Lidoderm patches. The applicant's attorney subsequently appealed. In a progress note dated October 4, 2013, the applicant was described as using gabapentin, Lidoderm, and Ambien. The applicant was also reporting chronic complaints of low back pain radiating to the left thigh. The applicant apparently had permanent restrictions in place. It was not clearly stated whether the applicant was in fact working or not. The applicant was also described as using zolpidem or Ambien on October 16, 2013, at which point multiple other medications were refilled.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

ZOLPIDEM 10 MG QHS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS: FDA, Ambien (Zolpidem tartrate).

MAXIMUS guideline: Decision based on MTUS: Chronic Pain Medical Treatment Guidelines, page(s) 7-8, and on the Non-MTUS: Food and Drug Administration (FDA), Ambien Medication Guide.

Decision rationale: While the MTUS does not address the topic, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA label purposes has responsibility to be well informed regarding usage of the same and should, furthermore, provide compelling evidence for such usage. In this case, however, the Food and Drug Administration (FDA) notes that zolpidem or Ambien is indicated only in the short-term treatment of insomnia, for up to 35 days. Zolpidem, is not, then indicated for the chronic, long-term, and/or scheduled use purposes for which it is being proposed here. No compelling applicant-specific rationale, narrative commentary, or medical information was attached to the request for authorization to offset the unfavorable FDA recommendation. Therefore, the request is not medically necessary.